

AMENDED IN ASSEMBLY MARCH 28, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 2340

Introduced by Assembly Member Garcia

February 21, 2014

An act to amend Section ~~137~~ 131019.5 of the Health and Safety Code, relating to *public* health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2340, as amended, Garcia. ~~Women's health.~~ *State Department of Public Health: Office of Health Equity.*

Existing law requires the State Department of Public Health to establish an Office of Health Equity, led by the Deputy Director of the Office of Health Equity, for the purposes of aligning state resources, decisionmaking, and programs to accomplish various goals, including improving the health status of all populations and places, with a priority on eliminating health and mental health disparities and inequities. Existing law requires the office to establish an advisory committee, as specified, to advance the goals of the office and to actively participate in decisionmaking.

This bill would authorize the deputy director to include on the advisory committee representatives from women's health organizations that focus on health disparities and inequalities related to gender.

~~Existing law requires the State Department of Public Health to develop a coordinated strategy for addressing the health-related needs of women, including the implementation of goals and objectives for women's health.~~

~~This bill would specify that the goals and objectives established for this strategy are for maintaining and improving women's health.~~

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 131019.5 of the Health and Safety Code
2 is amended to read:

3 131019.5. (a) For purposes of this section, the following
4 definitions shall apply:

5 (1) “Determinants of equity” means social, economic,
6 geographic, political, and physical environmental conditions that
7 lead to the creation of a fair and just society.

8 (2) “Health equity” means efforts to ensure that all people have
9 full and equal access to opportunities that enable them to lead
10 healthy lives.

11 (3) “Health and mental health disparities” means differences in
12 health and mental health status among distinct segments of the
13 population, including differences that occur by gender, age, race
14 or ethnicity, sexual orientation, gender identity, education or
15 income, disability or functional impairment, or geographic location,
16 or the combination of any of these factors.

17 (4) “Health and mental health inequities” means disparities in
18 health or mental health, or the factors that shape health, that are
19 systemic and avoidable and, therefore, considered unjust or unfair.

20 (5) “Vulnerable communities” include, but are not limited to,
21 women, racial or ethnic groups, low-income individuals and
22 families, individuals who are incarcerated and those who have
23 been incarcerated, individuals with disabilities, individuals with
24 mental health conditions, children, youth and young adults, seniors,
25 immigrants and refugees, individuals who are limited-English
26 proficient (LEP), and lesbian, gay, bisexual, transgender, queer,
27 and questioning (LGBTQQ) communities, or combinations of
28 these populations.

29 (6) “Vulnerable places” means places or communities with
30 inequities in the social, economic, educational, or physical
31 environment or environmental health and that have insufficient
32 resources or capacity to protect and promote the health and
33 well-being of their residents.

1 (b) The State Department of Public Health shall establish an
2 Office of Health Equity for the purposes of aligning state resources,
3 decisionmaking, and programs to accomplish all of the following:

4 (1) Achieve the highest level of health and mental health for all
5 people, with special attention focused on those who have
6 experienced socioeconomic disadvantage and historical injustice,
7 including, but not limited to, vulnerable communities and
8 culturally, linguistically, and geographically isolated communities.

9 (2) Work collaboratively with the Health in All Policies Task
10 Force to promote work to prevent injury and illness through
11 improved social and environmental factors that promote health
12 and mental health.

13 (3) Advise and assist other state departments in their mission
14 to increase access to, and the quality of, culturally and linguistically
15 competent health and mental health care and services.

16 (4) Improve the health status of all populations and places, with
17 a priority on eliminating health and mental health disparities and
18 inequities.

19 (c) The duties of the Office of Health Equity shall include all
20 of the following:

21 (1) Conducting policy analysis and developing strategic policies
22 and plans regarding specific issues affecting vulnerable
23 communities and vulnerable places to increase positive health and
24 mental health outcomes for vulnerable communities and decrease
25 health and mental health disparities and inequities. The policies
26 and plans shall also include strategies to address social and
27 environmental inequities and improve health and mental health.
28 The office shall assist other departments in their missions to
29 increase access to services and supports and improve quality of
30 care for vulnerable communities.

31 (2) Establishing a comprehensive, cross-sectoral strategic plan
32 to eliminate health and mental health disparities and inequities.
33 The strategies and recommendations developed shall take into
34 account the needs of vulnerable communities to ensure strategies
35 are developed throughout the state to eliminate health and mental
36 health disparities and inequities. This plan shall be developed in
37 collaboration with the Health in All Policies Task Force. This plan
38 shall establish goals and benchmarks for specific strategies in order
39 to measure and track disparities and the effectiveness of these
40 strategies. This plan shall be updated periodically, but not less than

1 every two years, to keep abreast of data trends, best practices,
2 promising practices, and to more effectively focus and direct
3 necessary resources to mitigate and eliminate disparities and
4 inequities. This plan shall be included in the report required under
5 paragraph (1) of subdivision (d). The Office of Health Equity shall
6 seek input from the public on the plan through an inclusive public
7 stakeholder process.

8 (3) Building upon and informing the work of the Health in All
9 Policies Task Force in working with state agencies and departments
10 to consider health in appropriate and relevant aspects of public
11 policy development to ensure the implementation of goals and
12 objectives that close the gap in health status. The Office of Health
13 Equity shall work collaboratively with the Health in All Policies
14 Task Force to assist state agencies and departments in developing
15 policies, systems, programs, and environmental change strategies
16 that have population health impacts in all of the following ways,
17 within the resources made available:

18 (A) Develop intervention programs with targeted approaches
19 to address health and mental health inequities and disparities.

20 (B) Prioritize building cross-sectoral partnerships within and
21 across departments and agencies to change policies and practices
22 to advance health equity.

23 (C) Work with the advisory committee established pursuant to
24 subdivision (f) and through stakeholder meetings to provide a
25 forum to identify and address the complexities of health and mental
26 health inequities and disparities and the need for multiple,
27 interrelated, and multisectoral strategies.

28 (D) Provide technical assistance to state and local agencies and
29 departments with regard to building organizational capacity, staff
30 training, and facilitating communication to facilitate strategies to
31 reduce health and mental health disparities.

32 (E) Highlight and share evidence-based, evidence-informed,
33 and community-based practices for reducing health and mental
34 health disparities and inequities.

35 (F) Work with local public health departments, county mental
36 health or behavioral health departments, local social services, and
37 mental health agencies, and other local agencies that address key
38 health determinants, including, but not limited to, housing,
39 transportation, planning, education, parks, and economic

1 development. The Office of Health Equity shall seek to link local
2 efforts with statewide efforts.

3 (4) Consult with community-based organizations and local
4 governmental agencies to ensure that community perspectives and
5 input are included in policies and any strategic plans,
6 recommendations, and implementation activities.

7 (5) Assist in coordinating projects funded by the state that
8 pertain to increasing the health and mental health status of
9 vulnerable communities.

10 (6) Provide consultation and technical assistance to state
11 departments and other state and local agencies charged with
12 providing or purchasing state-funded health and mental health
13 care, in their respective missions to identify, analyze, and report
14 disparities and to identify strategies to address health and mental
15 health disparities.

16 (7) Provide information and assistance to state and local
17 departments in coordinating projects within and across state
18 departments that improve the effectiveness of public health and
19 mental health services to vulnerable communities and that address
20 community environments to promote health. This information shall
21 identify unnecessary duplication of services.

22 (8) Communicate and disseminate information within the
23 department and with other state departments to assist in developing
24 strategies to improve the health and mental health status of persons
25 in vulnerable communities and to share strategies that address the
26 social and environmental determinants of health.

27 (9) Provide consultation and assistance to public and private
28 entities that are attempting to create innovative responses to
29 improve the health and mental health status of vulnerable
30 communities.

31 (10) Seek additional resources, including in-kind assistance,
32 federal funding, and foundation support.

33 (d) In identifying and developing recommendations for strategic
34 plans, the Office of Health Equity shall, at a minimum, do all of
35 the following:

36 (1) Conduct demographic analyses on health and mental health
37 disparities and inequities. The report shall include, to the extent
38 feasible, an analysis of the underlying conditions that contribute
39 to health and well-being. The first report shall be due July 1, 2014.
40 This information shall be updated periodically, but not less than

1 every two years, and made available through public dissemination,
2 including posting on the department's Internet Web site. The report
3 shall be developed using primary and secondary sources of
4 demographic information available to the office, including the
5 work and data collected by the Health in All Policies Task Force.
6 Primary sources of demographic information shall be collected
7 contingent on the receipt of state, federal, or private funds for this
8 purpose.

9 (2) Based on the availability of data, including valid data made
10 available from secondary sources, the report described in paragraph
11 (1) shall address the following key factors as they relate to health
12 and mental health disparities and inequities:

13 (A) Income security such as living wage, earned income tax
14 credit, and paid leave.

15 (B) Food security and nutrition such as food stamp eligibility
16 and enrollment, assessments of food access, and rates of access to
17 unhealthy food and beverages.

18 (C) Child development, education, and literacy rates, including
19 opportunities for early childhood development and parenting
20 support, rates of graduation compared to dropout rates, college
21 attainment, and adult literacy.

22 (D) Housing, including access to affordable, safe, and healthy
23 housing, housing near parks and with access to healthy foods, and
24 housing that incorporates universal design and visitability features.

25 (E) Environmental quality, including exposure to toxins in the
26 air, water, and soil.

27 (F) Accessible built environments that promote health and
28 safety, including mixed-used land, active transportation such as
29 improved pedestrian, bicycle, and automobile safety, parks and
30 green space, and healthy school siting.

31 (G) Health care, including accessible disease management
32 programs, access to affordable, quality health and behavioral health
33 care, assessment of the health care workforce, and workforce
34 diversity.

35 (H) Prevention efforts, including community-based education
36 and availability of preventive services.

37 (I) Assessing ongoing discrimination and minority stressors
38 against individuals and groups in vulnerable communities based
39 upon race, gender, gender identity, gender expression, ethnicity,
40 marital status, language, sexual orientation, disability, and other

1 factors, such as discrimination that is based upon bias and negative
2 attitudes of health professionals and providers.

3 (J) Neighborhood safety and collective efficacy, including rates
4 of violence, increases or decreases in community cohesion, and
5 collaborative efforts to improve the health and well-being of the
6 community.

7 (K) The efforts of the Health in All Policies Task Force,
8 including monitoring and identifying efforts to include health and
9 equity in all sectors.

10 (L) Culturally appropriate and competent services and training
11 in all sectors, including training to eliminate bias, discrimination,
12 and mistreatment of persons in vulnerable communities.

13 (M) Linguistically appropriate and competent services and
14 training in all sectors, including the availability of information in
15 alternative formats such as large font, braille, and American Sign
16 Language.

17 (N) Accessible, affordable, and appropriate mental health
18 services.

19 (3) Consult regularly with representatives of vulnerable
20 communities, including diverse racial, ethnic, cultural, and
21 LGBTQQ communities, women’s health advocates, mental health
22 advocates, health and mental health providers, community-based
23 organizations and advocates, academic institutions, local public
24 health departments, local government entities, and low-income
25 and vulnerable consumers.

26 (4) Consult regularly with the advisory committee established
27 by subdivision (f) for input and updates on the policy
28 recommendations, strategic plans, and status of cross-sectoral
29 work.

30 (e) The Office of Health Equity shall be organized as follows:

31 (1) A Deputy Director shall be appointed by the Governor or
32 the State Public Health Officer, and is subject to confirmation by
33 the Senate. The salary for the Deputy Director shall be fixed in
34 accordance with state law.

35 (2) The Deputy Director of the Office of Health Equity shall
36 report to the State Public Health Officer and shall work closely
37 with the Director of Health Care Services to ensure compliance
38 with the requirements of the office’s strategic plans, policies, and
39 implementation activities.

1 (f) The Office of Health Equity shall establish an advisory
 2 committee to advance the goals of the office and to actively
 3 participate in decisionmaking. The advisory committee shall be
 4 composed of representatives from applicable state agencies and
 5 departments, local health departments, community-based
 6 organizations working to advance health and mental health equity,
 7 vulnerable communities, and stakeholder communities that
 8 represent the diverse demographics of the state. The chair of the
 9 advisory committee shall be a representative from a nonstate entity.
 10 The advisory committee shall be established by no later than
 11 October 1, 2013, and shall meet, at a minimum, on a quarterly
 12 basis. Subcommittees of this advisory committee may be formed
 13 as determined by the chair. *At the sole discretion of the deputy*
 14 *director, the advisory committee may include representatives from*
 15 *women’s health organizations that focus in health disparities and*
 16 *inequities related to gender.*

17 (g) An interagency agreement shall be established between the
 18 State Department of Public Health and the State Department of
 19 Health Care Services to outline the process by which the
 20 departments will jointly work to advance the mission of the Office
 21 of Health Equity, including responsibilities, scope of work, and
 22 necessary resources.

23 ~~SECTION 1. Section 137 of the Health and Safety Code is~~
 24 ~~amended to read:~~

25 ~~137. (a) The State Department of Public Health shall develop~~
 26 ~~a coordinated state strategy for addressing the health-related needs~~
 27 ~~of women, including implementation of goals and objectives for~~
 28 ~~maintaining and improving women’s health.~~

29 ~~(b) The approved programmatic costs associated with this~~
 30 ~~strategy shall be the responsibility of the State Department of~~
 31 ~~Public Health unless otherwise provided by law.~~